

NAME Kate Corbett

Supervisor's Signature _____

Drug Laboratory

N/A=No Analysis Needed

LABORATORY TIME		
Time Allocation		Overtime
VACATION	1	
HOLIDAY		
SICK		
PERSONAL		
COMP TIME		
LEAVE W/O Pay		
COURT		
COURT TRAVEL	1	
QA/QC		
INSTRUMENT MAINT.		
TRAINING		
TRAINING TRAVEL		
MEETINGS	1	
CASEWORK	24	
OTHER - IN LAB	10.5	
OTHER - OUT OF LAB		
Total All	37.5	0
Total Out of Lab		

Safety

Cases worked on OT				

Case#	Type	Case#	Type	Case#	Type	Case#	Type	Case#	Type	Case#	Type	Case#	Type	Case#	Type	Case#
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Type #
0